

2/22

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

ATTACHMENT(S)

10/599929

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101													
102	1												
103	1												
104	1												
105	1												
106	1												
107	1												
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128	1												
129	1												
130	1	1											
131	1	1											
132	1	2											
133	1	2											
134	1	1											
135	1	1											
136	1	1											
137	1	1											
138	1	1											
139	1	3											
140	2												
141	2												
142	1												
143	1												
144	1												
145	1												
146	1												
147	1												
148	1												
149	1												
150	1												
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													

10/2

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/599929

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						